REQUEST FOR QUOTATION

QUOTE DUE DATE 4/13/2006								
								TO:
(Please enter your	company name above)	City may accept the quote which is the most advantageous to the City which may						
ATTN Quote Desk		not necessarily be the lowest quote. The City has the right to accept all or part of this quote.						
		CITY OF SAN JOSE						
200 EAST SAN	FINANCE/PURCHASING 200 EAST SANTA CLARA ST. , SAN JOSE, CALIFORNIA, 95113-1905 FAX: (408) 292-6480							
DATE: 4/5/2006	REPLY TO:	Daryl Gerstenberger (408) 535-7057 QUOTE#: 00240						
VENDOR: YOU M	1UST COMPLETE THI	IS INFORMATION IN ORDER FOR YOUR QUOTE TO BE ACCEPTED.						
1. Business Name								
Business Address	Street:	City:						

State:

State:

□ No

If Yes, explain:

☐ LBE/SBE Not Applicable

☐ Corporation - Name State of Incorporation:

City:

E-mail Address:

☐ Other (explain):

, via:

CA Contractor's License (If applicable):

Recyclable?

Yes □ No

Yes

This is the minimum acceptable discount period the City will consider.

County:

County:

□ LLP

3. F.O.B Point: DESTINATION* If Bidder changes to F.O.B. Shipping Point, Bidder Must provide freight charges: \$

Yes

Less toxic alternatives available?

Local Preference (Optional) - Based upon the information supplied below, I hereby certify that my firm qualifies as:

(This number is for the ENTIRE business - NOT just local employees). State number of employees:

Santa Clara County, California, and 2) a current San Jose Business Tax Certificate.

☐ Sole proprietorship

If No, Please provide completed W-9 Form.:

No

LOCAL BUSINESS ENTERPRISE - (LBE) - The business has the following: 1) an office with at least one employee located in

SMALL BUSINESS ENTERPRISE - (SBE) - The business must qualify as an LBE and have 35 or fewer employees

The following determinations have been made with respect to this procurement: (for official use only)

☐ Price is Not Determinitive

LBE preference = 5% of Points

SBE preference = 5% of Points

FAX No.:

ZIP:

Street:

ZIP:

□ LLC

Yes□

6. City of San Jose Business Tax Certificate #

Environmental Friendly Product? (Optional)

Yes \square

☐ General Partnership

days, from:

% N/20.

No □

No \square

✓ Price is Determinitive

LBE preference = 2.5% of Cost

SBE preference = 2.5% of Cost

Remittance Address

Telephone No.

Type of Business

4. Terms: N/30 or

Mercury content?

Type of Preference

Amount of Preference

2. We agree to ship within

5. Are you incorporated?

REQUEST FOR QUOTATION

QUOTE#: 00240

CITY OF SAN JOSE FINANCE/PURCHASING

200 EAST SANTA CLARA ST., SAN JOSE, CALIFORNIA, 95113-1905 FAX: (408) 292-6480

ITEM	QTY	U/M	DESCRIPTION	UNIT COST	AMOUNT	
1	30	ea.	8" Millikin Round Port Plu Valve Gear OP & Hand Wheel (or equal)			
2	20	ea.	8" Millikin Round Port Plug Valve with Kenetrol Operator (or equal)			
3	2	ea.	4" Millikin Plug Round Port w/Gear of Handwheel			
4	15	ea.	4" Butterfly Valve - Bray w/Spool Lever (or equal)			
5	3	ea.	8" Flex Check Valves (or equal)			
			NOTE: Please provide product specifications with quote if quoting on equivalents			
NOTE: PLEASE BREAK OUT SALES TAX SEPARATELY						
ALL QUOTES, INCLUDING NO BIDS, MUST BE RETURNED TO REMAIN ON CITY'S APPROVED VENDOR LIST.						
I delcare under penalty of perjury that the information supplied by me in this form is true and correct.						
Exec	Executed at: City: State: Date:					
Signa	Signature: Print or type name:					
- 0-11						